

# Foster Family Home - Corrective Action Report

Provider ID: 1-090064

Home Name: Maria Imelda Lim, CNA

Review ID: 1-090064-8

94-470 Lino Place

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 6/9/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today for 3 client ccffh. Corrective action report was issued during visit with a written plan of correction due to CTA by 7/9/21.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #2 and HHM #3.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Service Plans for client #1, #2, and #3 need to be updated.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date